

# Impact of Divorce on the Development of Psychiatric Pathology in Children

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## Abstract

## Case Report

Divorce and the resulting conflicts can have a profound impact on the life, development, and psychological health of children, who are essential members of the family. This impact is particularly severe when the child has an existing psychiatric disorder and is exposed to the distressing dynamics between their parents. In some cases, disputes over custody and contact arrangements, as well as attempts by parents to influence the child against the other spouse, can exacerbate the child's condition. This paper discusses a 16-year-old patient of Franco-Moroccan origin, diagnosed with type I bipolar disorder, who has been under psychiatric care since 2012. The patient has a history of five hospitalizations and numerous manic and depressive episodes. The onset of his symptoms coincided with the emergence of familial conflicts, and his first hospitalization occurred at the time of his parents' divorce. The severity of his psychiatric disorder increased in tandem with escalating parental disputes over his custody and psychiatric care. This case highlights the significant impact of parental conflict and divorce on the progression of psychiatric pathology in children.

**Keywords:** Child, Divorce, Psychiatric, Impact.

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## INTRODUCTION

Divorce and the resulting conflict situations have a direct impact on the life, development, and psychological health of children who are essential members of the family [1]. Things become even more complicated when the child has a psychiatric pathology and helplessly witnesses the drama that their parents are going through [2].

In some families, disputes concerning the terms of contact between the child and their parents, and their influence on the child targeting the former spouse, exacerbate the situation further, making the picture unbearable for the child who is already affected by psychiatric pathology. Therefore, the onset and evolution of symptomatology are closely related to this context [3].

We report the case of a 16-year-old patient, followed up for type I bipolar disorder, with a history of 5 hospitalizations and several manic and depressive episodes.

## CASE PRESENTATION

Our 16-year-old patient was born from a marriage between a Moroccan father living in Morocco

and a Franco-Moroccan mother living in France. The start of the conflict within the couple dates back a few months after the marriage. The child entered primary school in France at the age of 6.

Our patient's childhood was marked by hyperactivity. His father describes him as turbulent, angry, and aggressive towards his classmates; in fact, he was expelled from primary school at the age of 8 because of his behavior, deemed too violent by the school administration. The family consulted a child psychiatrist, and he was prescribed Risperidone 0.5 mg/day, which led to a good clinical improvement.

At the age of 10, coinciding with the increase in conflict and verbal and physical aggression within the couple in the presence of the young child, his condition worsened. Shortly after his parents' divorce, the young patient exhibited psychomotor agitation, logorrhea, insomnia, distraction, and restlessness, leading to his first hospitalization in the child psychiatry department. He was discharged stabilized after a one-month stay, with slight clinical improvement. During the same year, the patient was hospitalized two more times for observation and therapeutic adjustment; the diagnosis of type I

bipolar disorder was made, and the patient was put on Risperidone 3 mg/day and lithium 750 mg/day.

The divorce of our patient's parents led to disputes concerning the terms of contact between the child and his parents, which destroyed the quality of relationships and prevented the child from benefiting emotionally and legitimately from each parent. His medical care was also complicated by this conflict, and the patient spent half the year with his mother in France and the other half with his father in Morocco.

At the age of 12, following his final return to Morocco with his father, he became isolated, sad, anhedonic, felt a disgust for life, and was unable to continue his studies. The diagnosis of a depressive episode within the context of type I bipolar disorder was made.

At the age of 13, the patient once again exhibited psychomotor agitation, logorrhea, insomnia, soliloquy, unmotivated laughter, and delusional remarks of persecution focused on his surroundings, leading to his fourth hospitalization.

At the age of 16, the patient was admitted to our psychiatric hospital in Morocco because he had become aggressive, excited, logorrheic, and was verbalizing obscene remarks, with persecutory ideas centered on his family. This was consistent with bipolar I disorder.

## DISCUSSION

Parental divorce is becoming increasingly common, raising concerns about its impact on children's mental health, especially when they already have a psychiatric condition [4]. In this case, the onset of psychiatric symptoms coincided with parental conflicts, and the first hospitalization occurred following the divorce. The psychiatric symptoms gradually worsened alongside the intensification of parental conflict, particularly regarding custody arrangements and psychiatric follow-up.

It is crucial to examine the characteristics of the child's psychiatric illness before and after the divorce to understand how parental separation impacts mental health. Research indicates that children exposed to parental separation and ongoing conflict are at higher risk of developing behavioral and emotional disorders. For instance, Amato (2000) found that children from divorced families often experience increased anxiety, depression, and antisocial behavior [1]. This is consistent with our case, where the child's psychiatric condition deteriorated as parental conflicts escalated.

The impact of marital conflict on the child's mental health is significant. Kelly and Emery (2003) highlighted that high levels of parental conflict, both before and after divorce, are linked to poorer outcomes for children, including emotional and behavioral

difficulties [4]. The negative effects are exacerbated when conflicts are prolonged and involve the child [5]. In our case, the patient explicitly related his worsening mental state to the distress caused by his parents' conflict, particularly during transitions between living with his mother in France and his father in Morocco.

Further, Jekielek (1998) found that children exposed to high levels of parental discord are more likely to develop emotional problems, such as depression and anxiety [6]. This study aligns with our findings, as the patient's psychiatric condition was closely tied to ongoing parental conflict.

The timing of parental separation also plays a critical role in the development of psychiatric disorders. Fergusson *et al.*, (1996) showed that younger children exposed to parental separation are at higher risk of developing mood and behavioral disorders later in life [7]. In our case, alternating residence, management of the child's psychiatric condition, and medical follow-up were sources of discord between the parents, exacerbating the progression of the psychiatric pathology in this patient.

Moreover, Emery and Laumann-Billings (1998) emphasized that maintaining a cooperative co-parenting relationship after divorce is crucial for reducing the negative impact on children. This underscores the need for parents to prioritize their children's emotional well-being by minimizing conflict and ensuring consistent care, particularly when the child has a pre-existing psychiatric condition [8].

In summary, this case demonstrates how parental conflict and divorce can significantly affect the onset and progression of psychiatric disorders in children. The literature supports the view that ongoing parental discord can exacerbate pre-existing conditions, highlighting the need for parents and healthcare providers to address family dynamics and provide consistent, supportive care.

## CONCLUSION

In this reported case, the onset and development of the psychiatric pathology was closely related to conflict and parental separation. Divorce could be seen as a factor of vulnerability for the child, facing which the literature highlights the primary importance of the environment, in particular family ties. The disorders that could then manifest depend on the quality of these links.

The parents of a child with a psychiatric pathology, even after a divorce, should therefore think about maintaining a good relationship, the psychiatrist and the child psychiatrist can be presented, in this context, as an essential link in the management of psychological consequences of parental separation on the child suffering from a psychiatric pathology.

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